

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.01	
Subject: Definitions	Pages: 2	
	Cross Reference:	

Sole Proprietor

A sole proprietor is a form of business in which one person owns all of the assets of the business and is solely liable for all debts on an individual basis. As a result of the National Provider Identifier (NPI) requirements, a Sole Proprietor must apply for their NPI as individuals. Medicaid will no longer issue a group number to an individual effective with the adoption of this policy revision. The subpart concept does not apply to a sole proprietorship, even one with multiple locations, because the sole proprietorship is not an organization as defined in the final NPI Rule (69 CFR 3434). An individual Medicaid provider number and the appropriate NPI issued by the Centers for Medicare & Medicaid Services (CMS) are entered into the Medicaid system with the individual's social security number (SSN); and if applicable, the Federal Employer Identification Number (FEIN) assigned to it. If this number is used as a Medicaid provider billing number, income or earnings information are reported to the IRS for this SSN or FEIN, as applicable. Deferred compensation is only available via a sole proprietor's SSN.

Group/Organization

A group/organization provider is not an individual/sole proprietor. This includes hospitals, long-term care facilities, laboratories, home health agencies, ambulance companies, and group practices; suppliers of durable medical equipment or pharmacies. Any subpart of the group/organization must apply for a different Medicaid provider number as determined by the provider type per Medicaid policy. A group provider requesting individual providers/servicing providers to be affiliated to their billing provider number must be approved Medicaid providers. For monies to be reported to the IRS on its Tax Identification, the group provider should be the biller, unless otherwise restricted by the Division of Medicaid (DOM). Group providers that have various servicing locations should apply to Medicaid to become a provider according to their enumeration application with CMS. The provider should also apply to Medicaid to become a provider according to the conduct of their own standard transactions and as required by the DOM's program policy.

Managing/Directing Employee

A managing/directing employee may be a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operations of the entity, either under contract or through some other arrangement, regardless of whether the individual is a W-2 employee of the entity.

Authorized Representative

An authorized representative is an appointed official to whom the organization has granted the legal authority to enroll it in the Medicaid program, to make changes or updates to the organization's status in the Medicaid program, and to commit the organization to fully abide by the statutes, regulations, and program instructions of the Medicaid program. (Examples: chief executive officer, chief financial officer, general partner, chairman of the board, or direct owner.) The minutes of the organization authorizing the appointed official and any limitations must be attached to the application.

Delegated Official

A delegated official is an individual who is delegated by an authorized official of the authority to report

changes and updates to the entity's enrollment record. A delegated official must be an individual with an "ownership or control interest", or be a W-2 managing employee of the entity. Documentation in the application or as an attachment must be included with the application. A change of a delegated official will only be made to the file with the appropriate documentation signed by the authorized representative.

Division of Medicaid	New:	Date:
State of Mississippi	Revised: X	Date: 12/01/08
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.02	
Subject: Conditions of Participation	Pages: 2	
	Cross Reference:	
	All Providers 4.09	
	Maintenance of Records 7.03	

Providers must comply with the following conditions to participate in the Mississippi Medicaid program:

1. All providers must complete provider agreements and/or provider enrollment application packages per the requirements of DOM. Applications may be submitted either hard copy or via the fiscal agent's web portal at <https://msmedicaid.acs-inc.com/msenvision/>.
2. The provider must be licensed and/or certified by the appropriate federal and/or state authority, as applicable.
3. All professional and institutional providers participating in the Medicaid program are required to keep records that fully disclose the extent of services rendered and billed under the program. These records must be retained for a minimum of five years in order to comply with all federal and state regulations and laws. When there is a change of ownership or retirement, a provider must continue to maintain all Medicaid beneficiary records; unless an alternative method for maintaining the records has been established and approved by DOM. Upon request, providers are required to make such records available to representatives of DOM and others as provided by law in validation of any claims. DOM staff shall have immediate access to the provider's physical location, facilities, records, documents, and any other records relating to medical care and services rendered to beneficiaries during regular business hours. Refer to Provider Policy Manual Section 7.03 for Maintenance of Records policy.
4. The provider must comply with the requirements of the Social Security Act and federal regulations concerning: (a) disclosure by providers of ownership and control information; and (b) disclosure of information by a provider's owners of any persons with convictions of criminal offenses against Medicare, Medicaid, or the Title XX services program. If the DOM ascertains that a provider has been convicted of a felony under federal or state law for an offense that the DOM determines is detrimental to the best interests of the program or of Medicaid beneficiaries, the DOM may refuse to enter into an agreement with such provider, or may terminate or refuse to renew an existing agreement.
5. The provider must agree to accept payment for Medicaid covered services in accordance with the rules and regulations for reimbursement, as declared by the Secretary of Health and Human Services and by the state of Mississippi, and established under the Mississippi Medicaid program.
6. The provider must agree to accept, as payment in full, the amount paid by the Medicaid program for all services covered under the Medicaid program within the beneficiary's service limits with the exception of authorized deductibles, co-insurance, and co-payments. All services covered under the Medicaid program will be made available to the beneficiary. Beneficiaries will not be required to make deposits or payments on charges for services covered by Medicaid. A provider cannot pick and choose procedures for which the provider will accept Medicaid. At no time shall the provider be authorized to split services and require the beneficiary to pay for one type of service and Medicaid to pay for another. All services provided to Medicaid beneficiaries will be billed to Medicaid only where Medicaid covers said services, unless some other resources, other than the beneficiary, or the beneficiary's family will pay for the service.
7. For most medical services rendered, the provider must agree to take all reasonable measures to determine the legal liabilities of third parties including Medicare and private health insurance to pay for Medicaid covered services, and if third party liability is established, to bill the third party before filing a Medicaid claim. See Section 6.01 of this manual for the exceptions to this rule. For the purpose of this provision, the term "third party" includes an individual, institution,

corporation, or public or private agency that is or may be liable to pay all or part of the medical costs of injury, disease or disability of a Medicaid beneficiary and to report any such payments as third parties on claims filed for Medicaid payment.

8. Participating providers of services under the Medicaid program, i.e., physicians, dentists, hospitals, nursing facilities, pharmacies, etc., must comply with the requirements of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age of Discrimination Act of 1975. Under the terms of these Acts, a participating provider or vendor of services under any program using federal funds is prohibited from making a distinction in the provision of services to beneficiaries on the grounds of race, color, national origin or handicap. This includes, but is not limited to, distinctions made on the basis of race, color, national origin, or handicap with respect to: (a) waiting rooms, (b) hours of appointment, (c) order of seeing patients, or (d) assignment of patients to beds, rooms or sections of a facility. DOM is responsible for routine and complaint investigations dealing with these two Acts.
9. Participating providers are prohibited from making a distinction in the provision of services to Medicaid beneficiaries on the grounds of being Medicaid beneficiaries. This includes, but is not limited to, making distinctions with regard to waiting rooms, hours of appointment, or order of seeing patients, third party sources (pursuant to federal regulations), and quality of services provided, including those provided in a facility.
10. The provider must agree that claims submitted will accurately reflect both the nature of the service and who performed the service.
11. The provider must maintain a copy of the Mississippi Medicaid Policy Manual and all revisions.
12. Participating providers must be eligible to participate in the Medicaid program as determined by DHHS-Office of Inspector General (DHHS-OIG). Certain individuals and entities are ineligible to participate in the Medicaid program on the basis of their exclusion as sanctioned by DHHS-OIG by authority contained in Sections 1128 and 1156 of the Social Security Act. The effect of exclusion is that no program payment will be made for any items or services, including administrative and management services, furnished, ordered or prescribed by an excluded individual or entity under the Medicare, Medicaid, and State Children's Health Insurance Programs during the period of the exclusion. Program payments will not be made to an entity in which an excluded person is serving as an employee, administrator, operator, or in any other capacity, for any services including administrative and management services furnished, ordered, or prescribed on or after the effective date of the exclusion. In addition, no payment may be made to any business or facility that submits bills for payment of items or services provided by an excluded party. The exclusion remains in effect until the subject is reinstated by action of the DHHS-OIG. It is the responsibility of each Medicaid provider to assure that no excluded person or entity is employed in a capacity which would allow the excluded party to order, provide, prescribe, or supply services or medical care for beneficiaries, or allow the excluded party to hold an administrative, billing, or management position involving services or billing for beneficiaries. A searchable federal web site, updated monthly, exists at <http://exclusions.oig.hhs.gov/>.

Out of State Providers

Out of state providers must comply with all applicable program policies required by the Division of Medicaid (DOM) and all applicable provider enrollment criteria in this policy section. Home state requirements may not be substituted for Mississippi requirements. Providers should contact the Provider Enrollment Division at 1-800-884-3222 for questions regarding provider enrollment and program policies.

Retro-eligibility for emergency services must meet all provider enrollment criteria and the program policy. Refer to Section 4.09 of the Provider Policy Manual for Retro-Eligibility policy. Although not required, providers are encouraged to provide a claim with the application to verify effective dates of enrollment.

Division of Medicaid State of Mississippi Provider Policy Manual		New:	Date:
		Revised: X	Date: 12/01/08
		Current:	
Section: Provider Enrollment	Section: 4.03		
	Pages: 1		
Subject: Change of Ownership	Cross Reference:		
	Change of Tax ID 4.08		

A change of ownership of a provider/facility as defined by the Division of Medicaid (DOM) includes, but is not limited to, inter vivos gifts, purchases, transfers, lease arrangements, cash and/or stock transactions or other comparable arrangements whenever the person or entity acquires or controls a majority interest of the facility or service. The new owner, upon consummation of the transaction effecting the change of ownership, shall, as a condition of participation, assume liability, jointly and severally, with the prior owner for any and all amounts that may be due to the Medicaid program.

The new ownership agreement shall be subject to any restrictions, conditions, penalties, sanctions or other remedial actions taken by DOM, the state agency or the federal agency against the prior owner of the facility.

The agreement will also remain subject to all applicable statutes and regulations, including, but not limited to:

- any statement of deficiencies cited by the State Agency that are not in substantial compliance, including any existing plan of correction,
- any expiration date,
- compliance with applicable health and safety standards,
- compliance with ownership and financial disclosure requirements, and
- compliance with civil rights and the rights of individuals with developmental disability requirements.

A provider/ facility that undergoes a change of ownership must notify the DOM in writing of the effective date of the change. The new provider must submit a Provider Enrollment Change of Ownership application and provider agreement to the fiscal agent. The provider/facility must submit their National Provider Identifier (NPI) number to the fiscal agent as enumerated with the National Plan and Provider Enumeration System (NPPES). Upon approval of the application by the DOM, the provider file is updated with the new owner's information. The provider number is not changed; however, a new taxpayer identification segment is established for the new owner.

When there is a change of ownership or retirement/closure, a provider must continue to maintain all Medicaid beneficiary records, unless an alternative method for maintaining the records has been established in writing, and approved by DOM as required by HIPPA.

Refer to section 4.08 for Change of Tax ID policy.

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current: Date: 12/01/08
Section: Provider Enrollment Subject: Termination of Provider Agreement	Section: 4.04 Pages: 1 Cross Reference:

Pursuant to 42 CFR 489.55, payment is available for up to 30 days after the effective date of termination for inpatient hospital services, nursing facility services, psychiatric residential treatment facility services, ICF/MR facility services, home health services, and hospice services furnished under a plan established before the effective date of termination.

When DOM terminates a provider agreement, federal regulations allow payments to continue for up to 30 days to permit time for an orderly transfer of Medicaid beneficiaries. The facility must notify all Medicaid beneficiaries who are residents, families, and/or sponsors in writing within 48 hours of notice of termination of Medicaid participation. The facility must also submit to DOM a current list of Medicaid beneficiaries who are residents along with the name, address and telephone number (when available) of the family and/or the sponsor and the beneficiary's attending physician. Medicaid staff also notifies the beneficiaries, families and/or sponsors and can assist the families and the facility in making other facility arrangements for the beneficiaries.

Reinstatement may be granted after a provider has been terminated by the licensing or certification board, Office of Inspector General, CMS, or Division of Medicaid when conditions of reinstatement have been satisfied by the sanctioning entity. Notification of re-instatement from the appropriate entity must be provided with an application for re-instatement to participate in the Medicaid program. The Division of Medicaid has the sole discretion to determine the final retro-eligibility effective date.

Each provider who chooses to participate in the Mississippi Medicaid program must maintain current information as required by DOM such as licensure, permits, and/or certification from their governing board at all times while enrolled as a Medicaid provider. Current licensure information must be on file with DOM or the fiscal agent. At any time that the license, permit, or certification of the provider, or the license, permit, or certification of an employee of the provider upon which provider eligibility results from, is suspended, revoked, surrendered, or expired, or the person ceases to be an agent/employee of the provider, the provider is ineligible to provide services to Medicaid beneficiaries and file claims for services.

If a provider's license has expired and his/her Medicaid provider number has been closed for less than one year, the provider must submit a copy of his/her current license and update other information that may have changed in order for his/her Medicaid provider number to be re-opened. If the provider's Medicaid provider number has been closed for more than one year, the provider must re-enroll as a Medicaid provider. The provider should contact the fiscal agent for a provider enrollment packet, which includes the provider application and provider agreement.

Further requirements for specific providers and services are described in each service policy section.

Division of Medicaid	New:	Date:
State of Mississippi	Revised: X	Date: 12/01/08
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.06	
Subject: Reserved for Future Use	Pages: 1	
	Cross Reference:	

Section 4.06 is RESERVED FOR FUTURE USE.

Division of Medicaid	New:	Date:
State of Mississippi	Revised: X	Date: 12/01/08
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.07	
Subject: Advertising by Provider	Pages: 1	
	Cross Reference:	

No person may use, in connection with any item constituting an advertisement, solicitation, circular, book, pamphlet, or other communication, or a broadcast, telecast, or other production, alone or with other words, letters, symbols or emblems, the word "Medicaid" or "Division of Medicaid", or "Medicaid program", or "Mississippi Medicaid", or "Mississippi Division of Medicaid" in a manner which such person knows or should know would convey, or in a manner which reasonably could be interpreted or construed as conveying, the false impression that such item is approved, endorsed, or authorized by the Mississippi Division of Medicaid.

Providers may list Medicaid as a pay source they will accept, e.g., most third-party insurance, Medicare, and Medicaid accepted.

Division of Medicaid		New:	Date:
State of Mississippi		Revised: X	Date: 12/01/08
Provider Policy Manual		Current:	
Section: Provider Enrollment	Section: 4.08		
Subject: Change of Tax ID	Pages: 1		
	Cross Reference:		
	Change of Ownership 4.03		
	All Providers 4.09		

A provider who changes tax identification numbers under circumstances other than those described in Section 4.03 Change of Ownership and Section 4.09 All Providers, must:

- Submit to the fiscal agent a letter requesting the change and the effective date of the change;
- Include a signed original W-9 form,
- Include verification of the tax identification number. Verification must be a preprinted document from the Internal Revenue Service.
- Verification of the National Provider Identifier (NPPES confirmation)

The provider does not need to submit a Provider Enrollment Change of Ownership application. The provider number is not changed; however, a new taxpayer identification segment will be established.

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.09	
	Pages: 2	
Subject: All Providers	Cross Reference:	
	False Claims Act 7.14	

The Mississippi Medicaid Agency appreciates your interest in the Medicaid Program and welcomes the opportunity to work with you to provide health care services to Mississippi Medicaid beneficiaries. Listed below are documents required by all provider types wishing to participate in the Mississippi Medicaid program. Please refer to the Table of Contents located in this section to find additional specific provider type required documents.

All providers are required to submit the following documentation:

- Mississippi Medicaid Provider Enrollment Application
 - Must be signed by the provider (if individual/sole proprietor application) or authorized representative with signature authority (if group/organization application)
- Medical Assistance Participation Agreement (Provider Agreement)
 - 2 agreements required
 - Must be signed by the provider (if individual/sole proprietor application) or authorized representative with signature authority (if group/organization application)
- Direct Deposit Authorization/Agreement Form
 - Include a copy of a voided check, deposit slip, or letter from the bank noting the account number and transit routing number
 - Starter checks and counter deposit slips are not acceptable
- W-9
 - Name on the W-9 should match the written confirmation from the IRS confirming your Tax Identification Number with the legal business name/legal name as noted in Section 1 of the Mississippi Medicaid Provider Enrollment Application. **Note: This information is needed if enrolling as a professional corporation or limited liability company, or enrolling as a sole proprietor using the Employer Identification Number.**
 - Name on the W-9 should match the documentation to confirm the social security number verification for any provider enrolling as an individual sole proprietor.
 - Must be signed by the provider (if individual/sole proprietor application) or authorized representative with signature authority (if group/organization application)
- EDI Provider Agreement and Enrollment Form
 - Required if you intend to submit electronically
- Civil Rights Compliance Information Request Packet
 - Pages 3, 4, and 12 must be completely filled out and returned with the following attachments:
 - A copy of the provider's Nondiscrimination Policy
 - A copy of the provider's Limited English Proficiency Policy
 - A copy of the provider's Sensory and Speech Impairment Policy
 - A copy of the provider's Notice of Program Accessibility Policy
 - Statement of compliance (signature required)
 - A copy of the provider's published newspaper article stating the provider's non-

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- discrimination policy (required only for healthcare facilities)
 - A copy of the DHHS Office of Civil Rights letter of compliance may be submitted in lieu of completing DOM's compliance packet
 - For additional information regarding the Civil Rights Compliance Information Request Package, please refer to section C-3 (pages 1-12) of the Provider Enrollment Application Packet.
- Current list of all members of the Board of Directors, if applicable

Retro-Eligibility

Retro-eligibility is defined as when a provider has been issued a Medicaid provider number and requests an earlier date for eligibility than approved. The Division of Medicaid will only approve retro-eligibility for a provider to participate in the Medicaid program based on conditions as follows:

- Request is received in a timely manner, three months from date of Welcome Letter; and
- Date of retro-eligibility will be approved only 12 months prior to the date of the Welcome Letter.

The Division of Medicaid has the sole discretion to determine the final retro-eligibility effective date.

False Claims Act

Section 6032 of the federal Deficit Reduction Act (DRA) of 2005 (Public Law 109-171) set forth administrative requirements which impacts entities receiving annual Medicaid payments of at least \$5,000,000. The DRA requires certain governmental, for-profit and non-profit providers and other entities that receive Medicaid funding to provide employee education regarding the False Claims Act and take actions that will address fraud, waste and abuse in health care programs that receive federal funds. Any entity that receives \$5,000,000 or more annually must comply with policies as required in Section 7.14 (False Claims Act) noted in the Provider Manual as a condition of participation in the Medicaid program.

Division of Medicaid State of Mississippi Provider Policy Manual	New: X Revised: Current:	Date: 12/01/08 Date:
Section: Provider Enrollment Subject: Ambulance	Section: 4.10 Pages: 1 Cross Reference:	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Board of Director's Resolution form, letter of signature authority, or copy of minutes indicating signature authority
 - Must be notarized or be a statement with corporate seal
 - Must note the person(s) who signed the documents in the application
 - The signee cannot give themselves signature authority
- Copy of current provider license or permit

Note: All ambulance providers, whose origin (site of pickup) is within the state of Mississippi, must be licensed in accordance with the requirements of the Mississippi State Department of Health, Office of Emergency Medical Services unless otherwise exempt. The exempt status is determined by the Office of Emergency Medical Services.

- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application.

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.11	
Subject: Ambulatory Surgical Center	Pages: 1	
	Cross Reference:	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Board of Director's Resolution form, letter of signature authority, or copy of minutes indicating signature authority
 - Must be notarized or be a statement with corporate seal
 - Must note the person(s) who signed the documents in the application
 - The signee cannot give themselves signature authority
- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application.
- Copy of Medicare certification letter
 - EOMB not acceptable
 - Must be from Medicare Intermediary

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.12	
Subject: Audiologist/Hearing Aid Dealer	Pages: 1	
	Cross Reference:	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Copy of current licensure card or Permit
- Copy of current ASHA certificate (Required for Audiologists)
- Verification of social security number using a social security card, driver's license if it notes the social security number, military ID or a notarized statement signed by the provider noting the social security number (for individual providers)
 - Name noted on verification must match the name noted on the W-9

OR

- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application.

Audiologist Only:

Refer to Provider Policy manual Section 4.01 Definitions for provider definitions.

Division of Medicaid State of Mississippi Provider Policy Manual	New: X Revised: Current:	Date: 12/01/08 Date:
Section: Provider Enrollment	Section: 4.13	
Subject: Community Mental Health Centers (CMHC)	Pages: 1	
	Cross Reference: Mental Health/Community Mental Health (CMH) 15.0	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Board of Director's (Commissioner's) Resolution form, letter of signature authority, or copy of minutes indicating signature authority
 - Must be notarized or be a statement with corporate seal
 - Must note the person(s) who signed the documents in the application
 - The signee cannot give themselves signature authority
- Certification by the Mississippi Department of Mental Health as a Community Mental Health Center
- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application.

NOTE: Providers enrolled as CMHC must comply with all regulations and policies found in Section 15.0 Community Mental Health of the provider policy manual regarding services they provide.

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.14	
Subject: Comprehensive Outpatient Rehabilitation Facility (CORF)	Pages: 1	
	Cross Reference:	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPES)
- Board of Director's Resolution form, letter of signature authority, or copy of minutes indicating signature authority
 - Must be notarized or be a statement with corporate seal
 - Must note the person(s) who signed the documents in the application
 - The signee cannot give themselves signature authority
- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application.
- Copy of Medicare Certification letter

NOTE: CORF providers can only be enrolled for the submission of crossover claims only. CORF providers cannot be enrolled for the submission of straight Medicaid claims.

Section: Provider Enrollment

Section: 4.15

Subject: CRNA/Nurse Practitioner/Nurse
Midwife/Physician Assistant

Pages: 1
Cross Reference: Definitions 4.01

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Copy of current licensure card
- Verification of social security number using a social security card, driver's license if it notes the social security number, military ID or a notarized statement signed by the provider noting the social security number
 - Name noted on verification must match the name noted on the W-9
- Copy of approved protocol and practice setting, if applicable
- Copy of specialty certificate(s), if applicable

NOTE: Refer to Provider Policy Manual Section 4.01, Definitions, for additional information.

Division of Medicaid State of Mississippi Provider Policy Manual	New: X Revised: Current:	Date: 12/01/08 Date:
Section: Provider Enrollment	Section: 4.16	
Subject: Dentist	Pages: 1	
	Cross Reference: Definitions 4.01	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Copy of current licensure card or permit
- Verification of social security number using a social security card, driver's license if it notes the social security number, military ID or a notarized statement signed by the provider noting the social security number
 - Name noted on verification must match the name noted on the W-9

NOTE: Refer to Provider Policy Manual Section 4.01 Definitions for additional information.

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.17	
Subject: Dietitian/Nutritionist	Pages: 1	
	Cross Reference:	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Copy of licensure card or letter from the appropriate board stating current certification
 - Must be from state of servicing location
- CLIA certificate and completed Certification form, if applicable
- Copy of Medicare certification
- Verification of social security number using a copy of a social security card, driver's license if it notes social security number, military ID or a notarized statement signed by the provider noting the social security number
 - Name noted on verification must match the name noted on the W-9

NOTE: Dietician/Nutritionists can only be enrolled for the submission of crossover claims only. Dietician/Nutritionists cannot be enrolled for the submission of straight Medicaid claims.

Section: Provider Enrollment

Section: 4.18

Pages: 1

Subject: Durable Medical Equipment Provider

Cross Reference:

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Board of Director's Resolution form, letter of signature authority, or copy of minutes indicating signature authority
 - Must be notarized or be a statement with corporate seal
 - Must note the person(s) who signed the documents in the application
 - The signee cannot give themselves signature authority
- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application.
- Copy of current Medicare certification for the servicing location
 - EOMB is not acceptable
- Copy of DME or pharmacy permit from MS State Board of Pharmacy for the servicing location

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.19	
Subject: Federally Qualified Health Clinic	Pages: 1	
	Cross Reference:	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Board of Director's Resolution form, letter of signature authority, or copy of minutes indicating signature authority
 - Must be notarized or be a statement with corporate seal
 - Must note the person(s) who signed the documents in the application
 - The signee cannot give themselves signature authority
- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application.
- Copy of current Medicare certification letter or Tie-In Notice
 - EOMB is not acceptable
- Copy of current Medicare Cost Report
- Copy of current Medicare Rate letter

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.20	
Subject: Group Providers	Pages: 1	
	Cross Reference: Dental 11.0	
	Therapeutic and Evaluative Mental Health Services for Children 21.0	
	Nurse Practitioner 27.04	
	Vision Services 29.0	
	Pharmacy Disease Management 31.19	
	Physician 55.0	
	EPSDT 73.0	
	Therapy 47.0, 48.0, 49.0	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Board of Director's Resolution form, letter of signature authority, or copy of minutes indicating signature authority
 - Must be notarized or be a statement with corporate seal
 - Must note the person(s) who signed the documents in the application
 - The signee cannot give themselves signature authority
- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application.
- CLIA Certificate and Certification form, if applicable

Refer to the following sections of the Provider Policy Manual for additional enrollment information:

- Dental 11.0
- Mississippi Cool Kids (EPSDT) Program 73.0
- Nursing Services 27.0
- Mental Health (LCSW, Psychologist, Psychiatrist) 21.0
- Vision Services 29.0
- Hearing Services 30.0
- Pharmacy Disease Management 31.19
- Physician Services 55.0
- Therapy (PT, OT, ST) 47.0, 48.0, 49.0

Section: Provider Enrollment

Section: 4.21
Pages: 1

Subject: HCBS Waiver for People with Intellectual
Disabilities or Developmental Disabilities

Cross Reference: Provider Enrollment 16.03

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPES)
- Copy of current licensure card or permit, if applicable
- Verification of social security number using a social security card, driver's license if it notes the social security number, military ID or a notarized statement signed by the provider noting the social security number
 - Name noted on verification must match the name noted on the W-9

OR

- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application if application completed as business
- Board of Director's Resolution form, letter of signature authority, or copy of minutes indicating signature authority is required if application is completed as a business
 - Must be notarized or be a statement with corporate seal
 - Must note the person(s) who signed the documents in the application
 - The signee cannot give themselves signature authority

NOTE: Refer to Provider Policy Manual Section 16.03 for ID/DD Provider Enrollment policy.

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.22	
Subject: Home Health Agency	Pages: 1	
	Cross Reference:	
	Moratorium 40.10	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Board of Director's Resolution form, letter of signature authority, or copy of minutes indicating signature authority
 - Must be notarized or statement with corporate seal
 - Must note the person(s) who signed the documents in the application
 - The signee cannot give themselves signature authority
- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application.
- Copy of the Tie-In Notice
 - EOMB is not acceptable
- Copy of License from the Mississippi State Board of Health, Health Facilities Licensure and Certification. If parent entity is an out of state facility with a servicing location in Mississippi, a copy of the respective State's license is required.

NOTE: Refer to Provider Policy Manual Section 40.10 for Home Health Moratorium policy.

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.23	
Subject: Hospice	Pages: 1	
	Cross Reference:	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPES)
- Board of Director's Resolution form, letter of signature authority, or copy of minutes indicating signature authority
 - Must be notarized or be a statement with corporate seal
 - Must note the person(s) who signed the documents in the application
 - The signee cannot give themselves signature authority
- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application.
- Copy of current Medicare certification or Tie-In Notice
 - EOMB is not acceptable
 - Must be from Medicare Intermediary
- Copy of current license or certification letter
 - Must be from state of servicing location

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.24	
	Pages: 1	
Subject: Hospital/Psychiatric Hospital/Swing bed	Cross Reference:	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Board of Director's Resolution form, letter of signature authority, or copy of minutes indicating signature authority
 - Must be notarized or be a statement with corporate seal
 - Must note the person(s) who signed the documents in the application
 - The signee cannot give themselves signature authority
- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application.
- CLIA certificate and completed certification form
- Licensed freestanding psychiatric hospitals must submit Joint Commission on Accreditation of Health Care Organization (JCAHO)
- Copy of current Medicare certification or Tie-In Notice
 - EOMB is not acceptable
- Out of State facility: Copy of outstanding claims, if applicable
- Copy of Hospital license
 - Out-of-state facility: Copy of license/certification in effect during the claims period for which they are billing
 - In-state facility: A copy of letter from the Mississippi State Department of Health is acceptable
 - Hospital undergoing a Change of Ownership (CHOW): License in effect for the new owner

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.25	
	Pages: 1	
Subject: Intermediate Care Facility/Mentally Retarded (ICFMR)	Cross Reference: ICF/MR Provider Agreement 19.02	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Board of Director's Resolution form, letter of signature authority, or copy of minutes indicating signature authority
 - Must be notarized or be a statement with corporate seal
 - Must note the person(s) who signed the documents in the application
 - The signee cannot give themselves signature authority
- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application.
- Copy of current license or certification letter
 - Must be from state of servicing location

Note: Refer to Provider Policy Manual section 19.02 for ICF/MR Provider Agreement policy.

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.26	
Subject: Independent Laboratory and Radiology	Pages: 1	
	Cross Reference:	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Board of Director's Resolution form, letter of signature authority, or copy of minutes indicating signature authority
 - Must be notarized or be a statement with corporate seal
 - Must note the person(s) who signed the documents in the application
 - The signee cannot give themselves signature authority
- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application.
- CLIA certificate and completed Certification form, if applicable
- If Independent Diagnostic Testing Facility (IDTF) copy of Medicare certification (crossovers only)
 - EOMB not acceptable
 - Must be from Medicare Intermediary

NOTE: IDTF providers can only be enrolled for submission of crossover claims only. IDTF providers cannot be enrolled for submission of straight Medicaid claims.

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.27	
Subject: Kidney Dialysis Facility	Pages: 1	
	Cross Reference:	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Board of Director's Resolution form, letter of signature authority, or copy of minutes indicating signature authority
 - Must be notarized or be a statement with corporate seal
 - Must note the person(s) who signed the documents in the application
 - The signee cannot give themselves signature authority
- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application.
- Copy of Medicare certification
 - EOMB not acceptable
 - Must be from Medicare Intermediary

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.28	
Subject: Licensed Certified Social Worker (LCSW)	Pages: 1	
	Cross Reference: Definitions 4.01	
	Therapeutic and Evaluative Mental Health	
	Services for Children 21.0	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Copy of licensure card or letter from the appropriate board stating current certification
 - Must be from state of servicing location
- Verification of social security number using a social security card, driver's license if it notes the social security number, military ID or a notarized statement signed by the provider noting the social security number
 - Name noted on verification must match the name noted on the W-9

NOTE: Refer to Provider Policy Manual Section 21.0 for Therapeutic and Evaluative Mental Health Services for Children policy and Section 4.01 for provider Definitions policy.

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.29	
Subject: Nursing Facility	Pages: 1	
	Cross Reference: Nursing Facility 36.0	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Board of Director's Resolution form, letter of signature authority, or copy of minutes indicating signature authority
 - Must be notarized or be a statement with corporate seal
 - Must note the person(s) who signed the documents in the application
 - The signee cannot give themselves signature authority
- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application.
- Copy of license or current certification letter
 - Must be from state of servicing location

Refer to Provider Policy Manual Section 36.0 for Nursing Facility policy.

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.30	
Subject: Occupational/Physical Therapist	Pages: 1	
	Cross Reference: Definitions 4.01	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Copy of licensure card or letter from the appropriate board stating current certification
 - Must be from state of servicing location
- Verification of social security number using a social security card, driver's license if it notes the social security number, military ID or a notarized statement signed by the provider noting the social security number
 - Name noted on verification must match the name noted on the W-9

NOTE: Refer to Provider Policy Manual Section 4.01 for Definitions policy.

Division of Medicaid State of Mississippi Provider Policy Manual	New: X Revised: Current:	Date: 12/01/08 Date:
Section: Provider Enrollment	Section: 4.31	
Subject: Optical Dispensary	Pages: 1	Cross Reference:

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPES)
- Board of Director's Resolution form, letter of signature authority, or copy of minutes indicating signature authority
 - Must be notarized or be a statement with corporate seal
 - Must note the person(s) who signed the documents in the application
 - The signee cannot give themselves signature authority
- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application.

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.32	
Subject: Optometrist	Pages: 1	
	Cross Reference: Definitions 4.01	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Copy of licensure card or letter from the appropriate board stating current certification
 - Must be from state of servicing location
- Verification of social security number using a social security card, driver's license if it notes the social security number, military ID or a notarized statement signed by the provider noting the social security number
 - Name noted on verification must match the name noted on the W-9

NOTE: Refer to Provider Policy Manual Section 4.01 for Definitions policy.

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.33	
	Pages: 1	
Subject: Pharmacy Disease Management	Cross Reference: Definitions 4.01	
	Pharmacy Disease Management	
	31.19	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Copy of current Pharmacy License or Permit
- Current certificate for Disease Management
- Verification of social security number using a social security card, driver's license if it notes the social security number, military ID or a notarized statement signed by the provider noting the social security number
 - Name noted on verification must match the name noted on the W-9
- CLIA Certificate and Certification form, if applicable

NOTE: Refer to Provider Policy Manual Sections 4.01 for Definitions policy and 31.19 for Pharmacy Disease Management policy.

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.34	
Subject: Physician/Osteopath/Chiropractor/Podiatrist	Pages: 1	
	Cross Reference:	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Copy of licensure card or letter from the appropriate board stating current certification
 - Must be from state of servicing location
- Verification of social security number using a social security card, driver's license if it notes the social security number, military ID or a notarized statement signed by the provider noting the social security number
 - Name noted on verification must match the name noted on the W-9
- CLIA certificate and completed Certification form, if applicable
- Copy of specialty certificate(s), if applicable

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.35	
	Pages: 1	
Subject: Private Duty Nursing Agency	Cross Reference:	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Board of Director's Resolution form, letter of signature authority, or copy of minutes indicating signature authority
 - Must be notarized or be a statement with corporate seal
 - Must note the person(s) who signed the documents in the application
 - The signee cannot give themselves signature authority
- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application.
- Copy of current licenses or letter from the appropriate board stating current certification for all RNs and LPNs
 - Must be from state of servicing location

Section: Provider Enrollment

Section: 4.36

Subject: Psychologist

Pages: 1

Cross Reference: Definitions 4.01
Therapeutic and Evaluative Mental
Health Services for Children 21.0

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Copy of licensure card or letter from the appropriate board stating current certification
 - Must be from state of servicing location
- Verification of social security number using a social security card, driver's license if it notes the social security number, military ID or a notarized statement signed by the provider noting the social security number
 - Name noted on verification must match the name noted on the W-9

NOTE: Refer to Provider Policy Manual Sections 4.01 Definitions for provider definitions and 21.0 Therapeutic and Evaluative Mental Health Services for Children, for policy regarding services performed by a psychologist.

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.37	
Subject: Rural Health Clinic	Pages: 1	
	Cross Reference:	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Board of Director's Resolution form, letter of signature authority, or copy of minutes indicating signature authority
 - Must be notarized or be a statement with corporate seal
 - Must note the person(s) who signed the documents in the application
 - The signee cannot give themselves signature authority
- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application.
- CLIA certificate and completed certification form, if applicable
- Copy of current Medicare certification or Tie-In Notice
 - EOMB is not acceptable
- Current copy of approved protocol and practice setting, if applicable
- Copy of current nurse practitioner license
- Copy of current Medicare Rate letter

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.38	
Subject: Speech Therapist	Pages: 1	
	Cross Reference: Definitions 4.01	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Copy of current licensure card or permit
- Copy of current ASHA certificate or the provider must supply documentation from the State Department of Health that they have completed the following requirements per CRF 42, Section 440.110:
 - Completed the equivalent educational requirements and work experience necessary for the certificate
 - Completed the academic program and is acquiring supervised work experience to qualify for the certificate.
- Verification of social security number using a social security card, driver's license if it notes the social security number, military ID or a notarized statement signed by the provider noting the social security number
 - Name noted on verification must match the name noted on the W-9

NOTE: Refer to Provider Policy Manual Section 4.01, Definitions, for provider definitions.

Section: Provider Enrollment

Section: 4.39

Pages: 1

**Subject: Long Term Care/HCBS Waiver Services
Provider (Excluding Intellectual
Disabilities/ Developmental Disabilities
Waiver)**

**Cross Reference:
Elderly & Disabled Waiver/ Provider
Enrollment 65.03
Assisted Living Waiver/ Provider
Enrollment 68.03**

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Copy of current licensure card or permit, if applicable
- Verification of social security number using a social security card, driver's license if it notes the social security number, military ID or a notarized statement signed by the provider noting the social security number
 - Name noted on verification must match the name noted on the W-9
- Or**
- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application.
- Board of Director's Resolution form, letter of signature authority, or copy of minutes indicating signature authority is required if application is completed as a business
 - Must be notarized or be a statement with corporate seal
 - Must note the person(s) who signed the documents in the application
 - The signee cannot give themselves signature authority

NOTE: For Long Term Care HCBS program, contact the Long Term Care Bureau at the Division of Medicaid before completing a provider application to obtain a proposal packet.

**Division of Medicaid
Long Term Care Bureau
601-359-6141.**

Refer to Provider Policy Manual Sections 65.03 for Elderly and Disabled Waiver/Provider Enrollment policy and 68.03 for Assisted Living Waiver/Provider Enrollment policy.

Division of Medicaid	New:	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.40	
Subject: Psychiatric Residential	Pages: 1	
Treatment Facilities(PRTF)	Cross Reference: PRTF 18.0	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Board of Director's (Commissioner's) Resolution form, letter of signature authority, or copy of minutes indicating signature authority
 - Must be notarized or be a statement with corporate seal
 - Must note the person(s) who signed the documents in the application
 - The signee cannot give themselves signature authority
- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application.
- CLIA certificate and completed certification form
- Joint Commission on Accreditation of Health Care Organization (JCAHO) or Council on Accreditation (COA) accreditation
- Copy of Medicare certification or tie-in notice

NOTE: Refer to Provider Policy Manual Section 18.0 for Psychiatric Residential Treatment Facility policy.

Division of Medicaid	New: X	Date: 12/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Provider Enrollment	Section: 4.41	
Subject: Pharmacy	Pages: 1	
	Cross Reference: Pharmacy	
	Disease Management 4.33	
	Pharmacy 31.0	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Board of Director's Resolution form, letter of signature authority, or copy of minutes indicating signature authority
 - Must be notarized or be a statement with corporate seal
 - Must note the person(s) who signed the documents in the application
 - The signee cannot give themselves signature authority
- Written confirmation from the IRS confirming your tax identification number noting the legal business name as noted in Section 1 of the Mississippi Medicaid Enrollment application.
- Copy of current pharmacy permit for the servicing location

NOTE: Refer to Provider Policy Manual Section 31.0 for Pharmacy policy. Pharmacy Disease Management providers should refer to Provider Policy Manual section 4.33 for provider type specific requirements.